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OBJETIVOS: Analizar las actualizaciones hechas al Cuadro Básico y Catálogo de Medicamentos (CBM) del Sector Salud en el periodo 2006-2010. Analizar el grado de apego al CBM en las compras de medicamentos realizadas por diferentes instituciones del sector público de salud en el periodo 2006-2009. **METODOLOGÍAS:** Se identificaron en el Diario Oficial de la Federación las actualizaciones (inclusiones, modificaciones y exclusiones) realizadas al CBM en el periodo de 2006-2010. Se analizó información de compra pública de medicamentos para el periodo 2006-2009. Para el procesamiento de la información se construyó una base de datos con la información en el programa estadístico Stata. **RESULTADOS:** En el periodo 2006-2010 se han realizado 24 actualizaciones al CBM. En total se realizaron 359 cambios de los cuales el 39% corresponden a inclusiones, 53% actualizaciones y un 8% a exclusiones. El 78% de los cambios fueron realizados al Cuadro Básico de Insumos para el primer nivel de atención y el 22% restante al Catálogo de Insumos para el segundo y tercer nivel. Se identificó que aproximadamente sólo se compró el 80% del total de medicamentos listados en el CBM además de que se identificaron medicamentos cuyas presentaciones y/o sustancias activas no se encuentran listados en el CBM. **CONCLUSIONES:** La creación del CBM siguió tres objetivos fundamentales: promover la presentación uniforme para los medicamentos que adquiere el sector público; servir como instrumento de orientación para una prescripción adecuada así como evitar la dispersión de criterios institucionales; y servir como guía para la adquisición correcta de medicamentos. Los resultados encontrados dan evidencia de que estos objetivos no se están cumpliendo por lo que es necesario reordenar y analizar el contenido y uso que se da al CBM en las instituciones del sector público.

PHP7

IMPACT OF GLOBAL HEALTH CARE REFORMS ON PRICING, ACCESS AND HEALTH ECONOMICS AND OUTCOMES STRATEGY

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OBJECTIVES: During 2009-2010 major health care reforms were proposed and implemented in a number of nations, for example, Affordable Care Act in the US, AMNOG in Germany, HSPT in France, KVG in Switzerland and NHS proposed reform in the UK. These reforms have major implications on pricing, market access and HEOR strategy for drug and device products. **METHODS:** To understand the implications of these trends, we analyzed 2009-2010 reform bills and proposed changes worldwide. Additionally, we interviewed public and private payers, key opinion leaders and payer-influencers to understand implications of these reforms on drug and device manufacturers. **RESULTS:** The global healthcare landscape is expected to undergo significant change during 2011-2015. In the US, government will play increased role as a single payer, especially with-Medicare, Medicaid and CHIP programs- which will cover 114 million Americans, at a cost of \$784 billion. In Germany, AMNOG bill marked the end of free drug pricing and would lead to increased insurance premiums (now 15.5% of wages). In the UK, NHS has proposed to replace PCTs with 500-1000 GP-led consortia and use value-based pricing for expensive drugs and devices. Overall, payers view that in the future, health economic assessments would play critical role in pricing, coverage and reimbursement of branded products. **CONCLUSIONS:** This analysis shows that global healthcare landscape is expected to undergo significant change during 2011-2015. Discussions with payers, KOLs and payer-influencers highlights increased importance of HEOR data in the future.

PHP8

MEASURING ADHERENCE TO DRUG TREATMENT IN MEXICAN PATIENTS: A SYSTEMATIC REVIEW

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OBJECTIVES: Measuring the level of adherence to drugs is relevant to assess the clinical benefits of prescribed treatments. Adherence can be defined as the extent to which a patient intake of medicines coincides with the medical prescription. The purpose of this study is to review the degree of adherence to drugs among Mexican patients as part of the overall medical therapy. **METHODS:** A systematic review was performed to retrieve information on quantity measures of drug adherence to medical treatments in Mexico. Key words such as "treatment and patient adherence," "drug compliance" and "drug utilization" were searched in Pub Med, Medline, Embase, Medic Latina, and the Cochrane Library of Systematic Reviews from 1998 to 2010. **RESULTS:** Few published studies in Mexico quantify the extent of adherence to drugs among Mexican patients. Most of these studies measured drug adherence in three chronic diseases: diabetes, HIV/AIDS, and rheumatoid arthritis. These were carried out at the regional level with patients from public health institutions. The main methods used were pill-count, questionnaires, and interviews with patients. Adherence to diabetes medication reported frequencies in the range of 17.2%- 54.2%, while in antiretroviral treatment for HIV/AIDS, the range was from 42% to 85.3%. One study reported adherence to disease-modifying antirheumatic drugs in stable patients with early rheumatoid arthritis of 50.5%, with an increased risk of non-adherence as the drug treatment scales-up. **CONCLUSIONS:** The range of frequencies for drug adherence among diabetic and HIV/AIDS patients varies widely. This can be attributed to the different methods used to measure adherence and the lack of a standardized measuring technique. Adherence results are derived from regional studies; therefore, further research is needed in order to obtain estimates with national representation. This is important for the design of drug policies aimed at enhancing drug adherence to maximize the health benefits from treatments.

PHP9

PREDITORES DA QUANTIDADE DE MEDICAMENTOS TOMADOS EM PESSOAS COM DOENÇA CRÔNICA

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OBJETIVOS: O objetivo do presente estudo é identificar os principais preditores da quantidade de medicamentos tomados por indivíduos com doenças crônicas, de entre diferentes variáveis demográficas, de doença, personalidade, qualidade de vida e psicossomáticos. **MÉTODOS:** Participantes são 603 indivíduos, com 41,19 anos de idade média, escolaridades média de 9,87 anos, 72,5% mulheres, portadores de uma das seguintes doenças crônicas: epilepsia, diabetes tipo 1 e 2, cancro, miastenia gravis, esclerose múltipla, obesidade mórbida, com diagnóstico há mais de três anos. As variáveis avaliadas foram, o número de medicamentos que o indivíduo toma como variável dependente, e como variáveis independentes, variáveis psicossociais, tais como, personalidade (neuroticismo e extroversão), afecto positivo e negativo, componentes mental e físico do SF-36, sintomas psicossomáticos (dimensões, sistema nervoso, muscular e digestivo), variáveis demográficas (idade e escolaridade), e variáveis de doença (número de anos de diagnóstico, número de internamentos no último ano, percepção da gravidade da doença). Recorreu-se à regressão linear hierárquica que incluía o número de medicamentos tomados como variável dependente e como variáveis independentes, no primeiro passo as variáveis demográficas, no segundo passo, as variáveis de doença, e no terceiro as variáveis psicossociais. **RESULTADOS:** A solução explica 20,6% da variância da variável dependente. Cada bloco acrescenta valores estatisticamente significativos à solução. Os resultados sugerem que um quinto da variância na quantidade de medicamentos tomados é explicada pelas variáveis psicossociais em que, no modelo final, as variáveis demográficas e de doença são excluídas da solução. Das variáveis independentes, os principais preditores são, o neuroticismo (t=5,62) os componentes físico e mental do SF-36, (t=5,45, e t=5,03) e o sistema nervoso da variável psicossomática (t=5,45) todos com um nível de significância p<0,0001. **CONCLUSÕES:** Um programa de intervenção que melhore a qualidade de vida é passível de contribuir para a redução na tomada de medicação não essencial.

PHP10

MEDICATION USE EVALUATION OF EXPENSIVE AND BROAD-SPECTRUM ANTIBIOTICS IN SONGKHLA HOSPITAL

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OBJECTIVES: To evaluate expensive and broad-spectrum antimicrobials usage in Songkhla hospital. **METHODS:** A prospective, chart review was performed on all inpatients initiated with Levofloxacin, Meropenem, Imipenem/ Cilastatin, Piperacillin/ Tazobactam and Cefoperazone/ Sulbactam from March to December 2010. Pharmacist interventions were made when medication use evaluation (MUE) criteria were not met and/or drug related problems (DRPs) were detected. **RESULTS:** Overall, 347 patients received 412 courses with these antibiotics. Percentage of empiric therapy was 80 % and specific therapy was 20 %. Pneumonia and sepsis/septic shock were leading indications of these antibiotic uses. Cefoperazone/Sulbactam was the most frequently used. The appropriate use of Levofloxacin, Meropenem, Imipenem/Cilastatin, Piperacillin/Tazobactam and Cefoperazone/Sulbactam was 46%, 40%, 46% 70% and 53% respectively. No indication and incorrect drug dosage especially in patients with renal impairment were the most common misuse of these antibiotics. Acceptance of interventions from physician was 86% (25/29). The cost of inappropriate use of these antibiotics was 28,789 USD. **CONCLUSIONS:** MUE program should be continuously performed for effective use of antibacterial drug, safety and most benefit.

PHP11

THE USE OF METHYLPHENIDATE IN A GROUP OF PATIENTS WITH ATTENTION DEFICIT AND HYPERACTIVITY DISORDER

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OBJECTIVES: to describe the use of stimulants in a group of Mexican children with ADHD in order to know some pharmacoepidemiological data **METHODS:** An observational and descriptive study in pediatric patients based on a survey in a one year period (June 2009 to June 2010) was done. Survey was answered by children parents who signed an informed consent. Patients with diagnosis of ADHD and/or received stimulant treatment with and without co-morbidity were considering. **RESULTS:** Of 124 surveys, 85 were selected according to inclusion criteria. 61.2% of patients received pharmacologic treatment; the drug most use among them was the stimulant methylphenidate (94%). The mean age of stimulant users was 7.94 years (4-13 years), 81.2% were male, 76.5% were in a primary school and 94% had a non-pharmacologic treatment. The average daily dose was 13.95mg. Immediate release was the most prescribed form in three different commercial presentations, and 8% received the long term release. Children with seven years old were who received more methylphenidate prescription. The age and having a comorbidity increased the probability (p<0.005) for receiving methylphenidate treatment. The most frequent side effect reported was loss of appetite. **CONCLUSIONS:** Methylphenidate in an immediate action form was the most prescribed stimulant drug in seven years old children with ADHD in the population studied. High percentage of children received methylphenidate treatment.